



Bright Futures Parent Handout

2 Month Visit

Here are some suggestions from Bright Futures experts that may be of value to your family.

How You Are Feeling

- Taking care of yourself gives you the energy to care for your baby. Remember to go for your postpartum checkup.
- Find ways to spend time alone with your partner.
- Keep in touch with family and friends.
- Give small but safe ways for your other children to help with the baby, such as bringing things you need or holding the baby's hand.
- Spend special time with each child reading, talking, or doing things together.

Your Growing Baby

- Have simple routines each day for bathing, feeding, sleeping, and playing.
- Put your baby to sleep on her back.
 - In your room.
 - Not in your bed.
 - In a crib, with slats less than 2 3/8 inches apart.
 - With the crib's drop side always up.
 - Give your baby a pacifier.
 - Put your baby to sleep drowsy.
- Hold, talk, cuddle, read, sing, and play often with your baby. This helps build trust between you and your baby.
- Tummy time—put your baby on her tummy when awake and you are there to watch.
- Learn what things your baby does and does not like.
- Notice what helps to calm your baby such as a pacifier, fingers or thumb, or stroking, talking, rocking, or going for walks.

Safety

- Use a rear-facing car safety seat in the back seat in all vehicles.
- Never put your baby in the front seat of a vehicle with a passenger air bag.
- Always wear your seat belt and never drive after using alcohol or drugs.
- Keep your car and home smoke free.
- Keep plastic bags, balloons, and other small objects, especially small toys from other children, away from your baby.
- Your baby can roll over, so keep a hand on your baby when dressing or changing him.
- Set the hot water heater so the temperature at the faucet is at or below 120°F.
- Never leave your baby alone in bathwater, even in a bath seat or ring.

Your Baby and Family

- Start planning for when you may go back to work or school.
- Find clean, safe, and loving child care for your baby.
- Ask us for help to find things your family needs, including child care.
- Know that it is normal to feel sad leaving your baby or upset about your baby going to child care.

Feeding Your Baby

- Feed only breast milk or iron-fortified formula in the first 4–6 months.
- Avoid feeding your baby solid foods, juice, and water until about 6 months.
- Feed your baby when your baby is hungry.

- Feed your baby when you see signs of hunger.
 - Putting hand to mouth
 - Sucking, rooting, and fussing
- End feeding when you see signs your baby is full.
 - Turning away
 - Closing the mouth
 - Relaxed arms and hands
- Burp your baby during natural feeding breaks.

If Breastfeeding

- Feed your baby 8 or more times each day.
- Plan for pumping and storing breast milk. Let us know if you need help.

If Formula Feeding

- Feed your baby 6–8 times each day.
- Make sure to prepare, heat, and store the formula safely. If you need help, ask us.
- Hold your baby so you can look at each other.
- Do not prop the bottle.

What to Expect at Your Baby's 4 Month Visit

We will talk about

- Your baby and family
- Feeding your baby
- Sleep and crib safety
- Calming your baby
- Playtime with your baby
- Caring for your baby and yourself
- Keeping your home safe for your baby
- Healthy teeth

Poison Help: 1-800-222-1222

Child safety seat inspection:
1-866-SEATCHECK; seatcheck.org



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Illustration by
Billy Nuñez, age 16

PARENTING YOUR INFANT

PARENTING AN INFANT COMES WITH BIG REWARDS AND CHALLENGES

All infants:

- Love to explore the world around them, so you have to make your home safe.
- Have their own personalities, which may be different from their parents'.
- Put new and stressful demands on parents, so parents may need to ask for help.
- Need routines that match their unique abilities, and parents may need to adjust their schedules to fit this new individual.

Your baby is now smiling and cooing and will soon start to move around more. These are signs of your baby's personality and the start of a lifelong learning process.

INFANTS DO TALK

When infants begin to babble, they like the people around them to talk back. Have fun talking with your baby.

- Make silly noises.
- Play peek-a-boo games.
- Sing songs.
- Show and talk about simple picture books.

This is the way your baby learns how to talk.

Enjoy playing and talking
with your baby
and watching your baby
learn about the world!

INFANTS LOVE TO EXPLORE

You may have noticed that your baby is becoming interested in everything within reach, especially simple toys with bright colors and ones that make noise. It seems that whatever infants grab, it finds its way into their mouths.

By age 3 or 4 months, infants are drooling and chewing on the things they put into their mouths. This is how they learn about the world around them.

Make sure that you never give infants a toy so small that it fits entirely in their mouths or a toy with parts that can break off easily. This can lead to choking!

INFANTS HAVE PERSONALITIES

Even very tiny infants act in very individual ways. Some are loud and active, others are quiet and passive. Some are easygoing and cuddly, others are very serious. Some are relaxed, others are more high-strung. As a parent, you already know your baby's unique personality.

Think about this personality when you are caring for your baby.

- If your baby is naturally fussy and has difficulty calming down, avoid too much stimulation.
- If your baby is sensitive to changes in routines, make sure that your days are not too busy or filled with lots of changes.



If your baby's personality is different from yours, remember that what makes your baby comfortable and happy may not feel right for you.

INDEPENDENCE IS STARTING

As infants get older, they:

- Begin to roll over.
- Reach for toys, spoons, and other objects.
- Want to sit up.

This is the beginning of independence, but babies do not know what might put them in danger. Keeping your baby in a safe place, such as in a crib or in a playpen, will prevent falls, burns, poisoning, choking, and other injuries. Childproofing your home can also help keep your baby safe.

SOME COMMON PROBLEMS

Most infants will go through the following difficulties, which can be very frustrating for parents, but they will soon outgrow them.

- **Colic.** This is not caused by anything you have done. This usually goes away at about age 4 to 5 months.
- **Trouble sleeping.** Some infants will have trouble either falling asleep or waking up often during the night.
- **Clinging to parents.** When infants don't see certain people (even close friends and grandparents) very often, they may become afraid of them.

Even though these problems will go away, it can be very upsetting while they are occurring. Talk with your pediatrician about ideas that will work for you and your baby until these problems go away.

Babies are not trying to be a pain or difficult on purpose; they are just exploring and trying to talk with you in the only way they know!

Never yell at, hit, or shake your baby!

INFANTS THRIVE IN HAPPY FAMILIES

Just like adults, infants do best with happy and healthy people around them. Look for parent/baby groups, support groups, or organizations in your community where parents with common interests can meet and get to know each other.

If things are not going well in your family, if you need help finding groups in your neighborhood, or if you are worried about your baby, talk with your pediatrician. You are not alone; many other parents have these same concerns.

STARTING NEW ROUTINES

Now that you are beginning to know your baby's patterns, your family, like many others, may be starting new routines. Here are some tips to help you.

Taking care of yourself is important.

Even though infants usually are lovable, most parents have moments of frustration, and even anger, with their baby. Feeling this way is common and normal. What is important is how you deal with these feelings. When this happens to you, place your baby in a safe place like a crib or playpen and do something to relax and calm down—have a cup of tea or coffee, listen to music, call a friend or spouse, read, or meditate. These feelings of stress are natural and will pass.

Reach out to family and friends, or make new friends with other parents.

Having other adults to share the experience of raising a child can make all the difference in the world. If you are at home with your baby every day, it is a good idea to leave your baby with another trusted adult once in a while.

Use this time to take care of yourself or be with your partner. Babies are delightful, but all parents need a break!

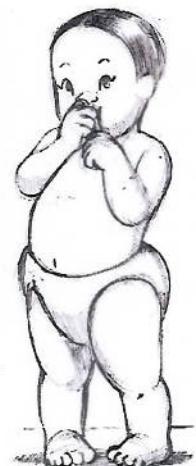


Let your baby learn about being with other people early on.

Besides helping you out, having other adults in your baby's life will teach your baby how to relate with others. As infants get a little older, they begin to cry and feel restless when left with another adult. Developing a relationship with an adult other than you early on will help your baby have less of this discomfort later on.

If you need child care, find a setting where the same 1 or 2 adults will be caring for your baby every day.

Find a place that is safe and nurturing, where the adults really enjoy being with infants. Your pediatrician can help you think about what to look for in child care.



Connected Kids are Safe, Strong, and Secure

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The American Academy of Pediatrics is an organization of 60,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

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Positive Parenting Tips for Healthy Child Development



Infants (0-1 year old)

Developmental Milestones

Cognitive development for your baby means the learning process of memory, language, thinking and reasoning. Your baby is learning to recognize the sound of your voice. She is also learning to focus her vision from the periphery or the corner of her eyes to the center. Language development is more than uttering sounds ("babble"), or mama/dada. Listening, understanding, and knowing the names of people and things are all components of language development. During this stage, your baby is also developing bonds of love and trust with you. The way you cuddle, hold, and play with your baby will set the basis for how he will interact with you and others.

For more information on developmental milestones and warning signs of possible developmental delays, visit [Learn the Signs. Act Early.](http://www.cdc.gov/ncbddd/autism/ActEarly) (<http://www.cdc.gov/ncbddd/autism/ActEarly>)

Positive Parenting

- Talk to your baby. It is soothing to hear your voice.
- When your baby makes sounds, answer him by repeating and adding words. This will help him learn to use language.
- Read to your baby. This helps her develop and understand language and sounds.
- Sing to your baby.
- Play music. This helps your baby develop a love for music and math.
- Praise your baby and give him lots of loving attention.
- Spend time cuddling and holding your baby. This helps her feel cared for and secure.
- The best time to play with your baby is when he's alert and relaxed. Watch your baby closely for signs of being tired or fussy so that you can take a break.
- Parenting can be hard work! Take care of yourself physically, mentally, and emotionally. It is easier to enjoy your new baby and be a positive, loving parent when you are feeling good yourself.



Promoting the health of babies, children, and adults,
and enhancing the potential for full, productive living

www.cdc.gov/ncbddd

Department of Health and Human Services

National Center on Birth Defects and Developmental Disabilities



Child Safety First

Now that your newborn is at home, it is time to make sure that your home is a safe place. Look around your home for household items that might present a possible danger to your baby. As a parent, it is your responsibility to ensure that you create a safe environment for your baby. It is also important that you take the necessary steps to make sure that you are mentally and emotionally ready for your new baby. Here are a few tips to keep your baby safe during her first year of life.

- It is important that you never shake your newborn baby. Newborn babies have very weak neck muscles that are not yet able to support their heads. If you shake your baby you can damage his brain and delay normal development.
- To prevent SIDS (Sudden Infant Death Syndrome), it is recommended that you always put your baby to sleep on her back. For more information on SIDS, visit National Institute of Child Health and Human Development (<http://www.nichd.nih.gov/sids/sids.cfm>).
- Place your baby in a car safety seat every time he rides in the car. The safest place for his safety seat is in the back seat of the car. Children who are less than one year OR are less than 20 pounds should be placed in a rear-facing care seat.
- To prevent your baby from choking, cut her food into small bites. Don't allow your baby to play with anything that may cover her face or is easy for her to swallow.
- Never carry hot liquids or food near your baby or while holding him.
- Immunizations (shots) are important to protect your child's health and safety. Because children are susceptible to many potentially serious diseases, it is important that your child receive the proper immunizations. Please consult your local health care provider to ensure that your child is up-to-date on her childhood immunizations. You may visit the CDC immunization website (<http://www.cdc.gov/nip/recs/child-schedule.htm>) to obtain a copy of the recommended immunization schedule for U.S. children

Promoting the health of babies, children, and adults,
and enhancing the potential for full, productive living

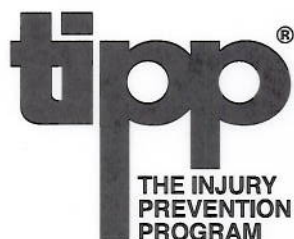
www.cdc.gov/ncbddd

Department of Health and Human Services

National Center on Birth Defects and Developmental Disabilities



Birth to 6 Months



BIRTH TO 6 MONTHS

Safety for Your Child

Did you know that hundreds of children younger than 1 year die every year in the United States because of injuries — most of which could be prevented?

Often, injuries happen because parents are not aware of what their children can do. Children *learn fast*, and before you know it, your child will be *wiggling* off a bed or *reaching* for your cup of hot coffee.

Car Injuries

Car crashes are a great threat to your child's life and health. Most injuries and deaths from car crashes **can be prevented** by the use of car safety seats. Your child, besides being much safer in a car safety seat, will behave better, so you can pay attention to your driving. Make your newborn's first ride home from the hospital a safe one — in a car safety seat. Your infant should ride in the back seat in a rear-facing car seat.

Make certain that your baby's car safety seat is installed correctly. Read and follow the instructions that come with the car safety seat and the sections in the owners' manual of your car on using car safety seats correctly. Use the car safety seat EVERY time your child is in the car.

NEVER put an infant in the front seat of a car with a passenger air bag.



Falls

Babies *wiggle* and *move* and *push* against things with their feet soon after they are born. Even these very first movements can result in a fall. As your baby grows and is able to roll over, he or she may fall off of things unless protected. **Do not leave your baby alone** on changing tables, beds, sofas, or chairs. **Put your baby in a safe place** such as a crib or playpen when you cannot hold him.

Your baby may be able to crawl as early as 6 months. **Use gates on stairways and close doors** to keep your baby out of rooms where he or she might get hurt. **Install operable window guards** on all windows above the first floor.

Do not use a baby walker. Your baby may tip the walker over, fall out of it, or fall down stairs and seriously injure his head. Baby walkers let children get to places where they can pull heavy objects or hot food on themselves.

If your child has a serious fall or does not act normally after a fall, call your doctor.



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Burns

At 3 to 5 months, babies will wave their fists and grab at things. **NEVER carry your baby and hot liquids, such as coffee, or foods at the same time.** Your baby can get burned. You can't handle both! To protect your child from tap water scalds, the hottest temperature at the faucet should be no more than 120°F. In many cases you can adjust your water heater.

If your baby gets burned, immediately put the burned area in cold water. Keep the burned area in cold water for a few minutes to cool it off. Then cover the burn loosely with a dry bandage or clean cloth and call your doctor.

To protect your baby from house fires, be sure you have a working smoke alarm on every level of your home, especially in furnace and sleeping areas. Test the alarms every month. It is best to use smoke alarms that use long-life batteries, but if you do not, change the batteries at least once a year.

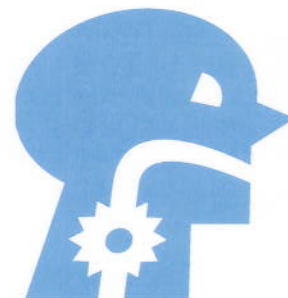


Choking and Suffocation

Babies explore their environment by putting anything and everything into their mouths. **NEVER leave small objects in your baby's reach, even for a moment.** NEVER feed your baby hard pieces of food such as chunks of raw carrots, apples, hot dogs, grapes, peanuts, and popcorn. Cut all the foods you feed your baby into thin pieces to prevent choking. **Be prepared if your baby starts to choke. Ask your doctor to recommend the steps you need to know. Learn how to save the life of a choking child.**

To prevent possible suffocation and reduce the risk of sudden infant death syndrome (SIDS), **your baby should always sleep on his or her back. NEVER put your baby on a water bed, bean bag, or anything that is soft enough to cover the face and block air to the nose and mouth.**

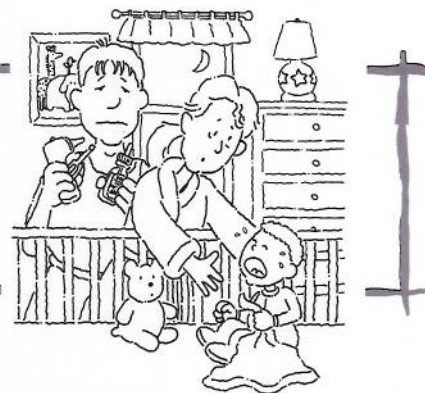
Plastic wrappers and bags form a tight seal if placed over the mouth and nose and may suffocate your child. Keep them away from your baby.



From Your Doctor

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Fever and Your Child



A fever is usually a sign that the body is fighting an illness or infection. Fevers are generally harmless. In fact, they can be considered a good sign that your child's immune system is working and the body is trying to heal itself. While it is important to look for the cause of a fever, the main purpose for treating it is to help your child feel better. Read on to find out more about how to tell if your child has a fever and how to manage a fever.

What is a fever?

A fever is a body temperature that is higher than normal. Normal body temperature varies with age, general health, activity level, and time of day. Even how much clothing a person wears can affect body temperature.

Most pediatricians consider a temperature above 100.4°F (38°C) a sign of a fever.

Signs and symptoms of a fever

If your child has a fever, she may feel warm, appear flushed, or sweat more than usual. She may also be more thirsty than usual.

Some children feel fine when they have a fever. However, most will have symptoms of the illness that is causing the fever. Your child may have an earache, a sore throat, a rash, or a stomachache. These signs can provide important clues as to the cause of the fever.

When to call the doctor

Call your child's doctor right away if your child has a fever and

- Looks very ill, is unusually drowsy, or is very fussy
- Has been in a very hot place, such as an overheated car
- Has other symptoms such as a stiff neck, severe headache, severe sore throat, severe ear pain, an unexplained rash, or repeated vomiting or diarrhea
- Has immune system problems such as sickle cell disease or cancer, or is taking steroids
- Has had a seizure
- Is younger than 2 months and has a rectal temperature of 100.4°F (38°C) or higher

Treating your child's fever

If your child is older than 6 months and has a temperature below 101°F (38.3°C), she probably does not need to be treated for the fever (see other side) unless she is uncomfortable. Watch her behavior. If she is eating and sleeping well and is able to play, you may wait to see if the fever improves by itself.

What you can do

- Keep her room comfortably cool.
- Make sure that she is dressed in light clothing.
- Encourage her to drink fluids such as water, diluted juices, or a store-bought electrolyte solution.
- Be sure that she does not overexert herself.

Taking your child's temperature

While you often can tell if your child is warmer than usual by feeling her forehead, only a thermometer can tell how high the temperature is. A **digital thermometer** can be used to take a rectal (in the bottom), oral (in the mouth), or axillary (under the arm) temperature. Your child's doctor can recommend how to use it depending on your child's age. Taking a rectal or oral temperature is more accurate than taking an axillary temperature.

Ways to use a digital thermometer by age

Child's age	Rectal	Oral	Axillary
Newborn to 3 months	x		
3 months to 3 years	x		x
4 to 5 years	x	x	x
5 years and older		x	x

Tympanic (ear) thermometers are another option for older babies and children. However, while it gives quick results, it needs to be placed correctly in your child's ear to be accurate. Too much earwax can cause the reading to be incorrect.

While other methods for taking your child's temperature are available, they are not recommended at this time. Ask your child's doctor for advice.

Mercury thermometers should not be used. The American Academy of Pediatrics encourages parents to remove mercury thermometers from their homes to prevent accidental exposure to this toxin.

How to use a digital thermometer

If your child is younger than 3 years, taking a rectal temperature gives the best reading. The following is how to take a **rectal temperature**:

- Clean the end of the thermometer with rubbing alcohol or soap and water. Rinse it with cool water. Do not rinse it with hot water.
- Put a small amount of lubricant, such as petroleum jelly, on the end.
- Place your child belly down across your lap or on a firm surface. Hold him by placing your palm against his lower back, just above his bottom. Or place your child face up and bend his legs to his chest. Rest your free hand against the back of the thighs.



Rectal (in the child's bottom)—belly down

- With the other hand, turn the thermometer on and insert it ½ inch to 1 inch into the anal opening. Do not insert it too far. Hold the thermometer in place loosely with 2 fingers, keeping your hand cupped around your child's bottom. Keep it there for about 1 minute, until you hear the "beep." Then remove and check the digital reading.



Rectal—belly up

- Be sure to label the rectal thermometer so it's not accidentally used in the mouth.

Once your child is 4 or 5 years of age, you can take his temperature by mouth. The following is how to take an **oral temperature**:

- Clean the thermometer with lukewarm soapy water or rubbing alcohol. Rinse with cool water.
- Turn the thermometer on and place the tip under his tongue toward the back of his mouth. Hold in place for about 1 minute, until you hear the "beep." Check the digital reading.
- For a correct reading, wait at least 15 minutes after your child has had a hot or cold drink before putting the thermometer in his mouth.



Oral (in the child's mouth)

Although not as accurate, if your child is older than 3 months, you can take his underarm temperature to see if he has a fever. The following is how to take an **axillary temperature**:

- Place the tip of a digital thermometer in your child's armpit.
- Hold his arm tightly against his chest for about 1 minute, until you hear the "beep." Check the digital reading.



Axillary (under the child's arm)

How to reduce a fever with medicine

Acetaminophen and **ibuprofen** are safe and effective medicines for reducing fevers. They do not need a prescription and are available at grocery stores and drugstores. However, keep the following in mind:

- Ibuprofen should only be used for children older than 6 months. It should not be given to children who are vomiting constantly or are dehydrated.
- *Do not use aspirin to treat your child's fever. Aspirin has been linked with side effects such as an upset stomach, intestinal bleeding and, most seriously, Reye syndrome.*
- If your child is vomiting and cannot take anything by mouth, a rectal suppository may be needed. Acetaminophen comes in suppository form and can help reduce a fever in a vomiting child.
- Before giving your child any medicine, read the label to make sure that you are giving the right dose for his age and weight. Also, if your child is taking other medicines, check the ingredients. If they include acetaminophen or ibuprofen, let your child's doctor know. To be safe, talk with your child's doctor before giving your child any medicine to treat a fever if he is younger than 2 years.

How to reduce a fever with sponging

Your child's doctor may recommend that you try sponging your child to reduce a fever if

- Your child's temperature is above 104°F (40°C).
- Your child is vomiting and unable to take any medicine.

Use lukewarm water, not cold water. Cold water can cause shivering and increase the temperature. Never add rubbing alcohol to the water. Rubbing alcohol can be absorbed into the skin or inhaled, causing serious problems such as a coma.

Usually 5 to 10 minutes in the tub is enough time for a child's fever to start dropping. If your child becomes upset during the sponging, simply let her play in the water. If she is still bothered by the bath, it is better to take her out even if she has not been in long enough to reduce the fever. Also remove her from the bath if she continues to shiver because shivering can raise her temperature.

Do not try to reduce a fever too quickly. This could cause it to rebound higher.

Be sure to call your child's doctor if your child still "acts sick" once her fever is brought down, or if you feel that your child is very sick. Also call if the fever persists for

- More than 24 hours in a child younger than 2 years
- More than 3 days in a child 2 years of age or older

What if my child has a febrile seizure?

In some young children, fever can trigger seizures. While this can be frightening, seizures are usually harmless. During a seizure your child may look strange for a few minutes; shake; then stiffen, twitch, and roll his eyes. If this happens,

- Place him on the floor or bed, away from any hard or sharp objects.
- Turn his head to the side so that any saliva or vomit can drain from his mouth.
- Do not put anything into his mouth, not even a finger.
- Call your child's doctor.

Your child's doctor will want to check your child, especially if it is his first seizure. It is important to look for the cause of the febrile seizure.

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Digital thermometer drawings by Anthony Alex LeTourneau

From your doctor

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Recommended Immunization Schedule for Persons Aged 0 Through 6 Years—United States • 2010

For those who fall behind or start late, see the catch-up schedule

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B ¹		HepB	HepB			HepB						
Rotavirus ²			RV	RV	RV ²							
Diphtheria, Tetanus, Pertussis ³			DTaP	DTaP	DTaP	see footnote ³	DTaP					DTaP
<i>Haemophilus influenzae</i> type b ⁴			Hib	Hib	Hib ⁴		Hib					
Pneumococcal ⁵			PCV	PCV	PCV		PCV				PPSV	
Inactivated Poliovirus ⁶			IPV	IPV			IPV					IPV
Influenza ⁷							Influenza (Yearly)					
Measles, Mumps, Rubella ⁸							MMR		see footnote ⁸			MMR
Varicella ⁹							Varicella		see footnote ⁹			Varicella
Hepatitis A ¹⁰							HepA (2 doses)				HepA Series	
Meningococcal ¹¹											MCV	

Range of recommended ages for all children except certain high-risk groups

Range of recommended ages for certain high-risk groups

This schedule includes recommendations in effect as of December 15, 2009. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the relevant Advisory

Committee on Immunization Practices statement for detailed recommendations: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS) at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

1. Hepatitis B vaccine (HepB). (Minimum age: birth)

At birth:

- Administer monovalent HepB to all newborns before hospital discharge.
- If mother is hepatitis B surface antigen (HBsAg)-positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
- If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if HBsAg-positive, administer HBIG (no later than age 1 week).

After the birth dose:

- The HepB series should be completed with either monovalent HepB or a combination vaccine containing HepB. The second dose should be administered at age 1 or 2 months. Monovalent HepB vaccine should be used for doses administered before age 6 weeks. The final dose should be administered no earlier than age 24 weeks.
- Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg 1 to 2 months after completion of at least 3 doses of the HepB series, at age 9 through 18 months (generally at the next well-child visit).
- Administration of 4 doses of HepB to infants is permissible when a combination vaccine containing HepB is administered after the birth dose. The fourth dose should be administered no earlier than age 24 weeks.

2. Rotavirus vaccine (RV). (Minimum age: 6 weeks)

- Administer the first dose at age 6 through 14 weeks (maximum age: 14 weeks 6 days). Vaccination should not be initiated for infants aged 15 weeks 0 days or older.
- The maximum age for the final dose in the series is 8 months 0 days
- If Rotarix is administered at ages 2 and 4 months, a dose at 6 months is not indicated.

3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). (Minimum age: 6 weeks)

- The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.
- Administer the final dose in the series at age 4 through 6 years.

4. *Haemophilus influenzae* type b conjugate vaccine (Hib). (Minimum age: 6 weeks)

- If PRP-OMP (PedvaxHIB or Comvax [HepB-Hib]) is administered at ages 2 and 4 months, a dose at age 6 months is not indicated.
- TriHibit (DTaP/Hib) and Hiberix (PRP-T) should not be used for doses at ages 2, 4, or 6 months for the primary series but can be used as the final dose in children aged 12 months through 4 years.

5. Pneumococcal vaccine. (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPSV])

- PCV is recommended for all children aged younger than 5 years. Administer 1 dose of PCV to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.
- Administer PPSV 2 or more months after last dose of PCV to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant. See *MMWR* 1997;46(No. RR-8).

6. Inactivated poliovirus vaccine (IPV). (Minimum age: 6 weeks)

- The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.
- If 4 doses are administered prior to age 4 years a fifth dose should be administered at age 4 through 6 years. See *MMWR* 2009;58(30):829–30.

7. Influenza vaccine (seasonal). (Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 2 years for live, attenuated influenza vaccine [LAIV])

- Administer annually to children aged 6 months through 18 years.
- For healthy children aged 2 through 6 years (i.e., those who do not have underlying medical conditions that predispose them to influenza complications), either LAIV or TIV may be used, except LAIV should not be given to children aged 2 through 4 years who have had wheezing in the past 12 months.
- Children receiving TIV should receive 0.25 mL if aged 6 through 35 months or 0.5 mL if aged 3 years or older.
- Administer 2 doses (separated by at least 4 weeks) to children aged younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.
- For recommendations for use of influenza A (H1N1) 2009 monovalent vaccine see *MMWR* 2009;58(No. RR-10).

8. Measles, mumps, and rubella vaccine (MMR). (Minimum age: 12 months)

- Administer the second dose routinely at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 28 days have elapsed since the first dose.

9. Varicella vaccine. (Minimum age: 12 months)

- Administer the second dose routinely at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 3 months have elapsed since the first dose.
- For children aged 12 months through 12 years the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.

10. Hepatitis A vaccine (HepA). (Minimum age: 12 months)

- Administer to all children aged 1 year (i.e., aged 12 through 23 months). Administer 2 doses at least 6 months apart.
- Children not fully vaccinated by age 2 years can be vaccinated at subsequent visits
- HepA also is recommended for older children who live in areas where vaccination programs target older children, who are at increased risk for infection, or for whom immunity against hepatitis A is desired.



11. Meningococcal vaccine. (Minimum age: 2 years for meningococcal conjugate vaccine [MCV4] and for meningococcal polysaccharide vaccine [MPSV4])

- Administer MCV4 to children aged 2 through 10 years with persistent complement component deficiency, anatomic or functional asplenia, and certain other conditions placing them at high risk.
- Administer MCV4 to children previously vaccinated with MCV4 or MPSV4 after 3 years if first dose administered at age 2 through 6 years. See *MMWR* 2009;58:1042–3.

Acetaminophen Dosing Information

(Tylenol® or another brand)



Give every 4–6 hours, as needed, no more than 5 times in 24 hours

Weight of child	Age of child	Infant drops  0.8 mL = 80 mg	Children's liquid or suspension  1 tsp (5 mL) = 160 mg	Children's tablets 1 tablet = 80 mg	Junior strength 1 tablet = 160 mg
6–11 lbs (2.7–5 kg)	0–3 mos	0.4 mL (1/2 dropperful)			
12–17 lbs (5.5–7.7 kg)	4–11 mos	0.8 mL (1 dropperful)	2.5 mL (1/2 teaspoon)		
18–23 lbs (8.2–10.5 kg)	12–23 mos	1.2 mL (1½ dropperful)	3.75 mL (¾ teaspoon)		
24–35 lbs (10.9–15.9 kg)	2–3 yrs	1.6 mL (2 dropperful)	5 mL (1 teaspoon)	2 tablets	
36–47 lbs (16.4–21.4 kg)	4–5 yrs		7.5 mL (1½ teaspoons)	3 tablets	
48–59 lbs (21.8–26.8 kg)	6–8 yrs		10 mL (2 teaspoons)	4 tablets	2 tablets
60–71 lbs (27.3–32.3 kg)	9–10 yrs		12.5 mL (2.5 teaspoons)	5 tablets	2½ tablets
72–95 lbs (32.7–43.2 kg)	11 yrs		15 mL (3 teaspoons)	6 tablets	3 tablets

Ibuprofen Dosing Information

(Advil®, Motrin® or another brand)

Give every 8 hours, as needed, no more than 4 times in 24 hours

Weight of child	Age of child	Infant drops  1.25 mL = 50 mg	Children's liquid or suspension  1 tsp (5 mL) = 100 mg	Children's tablets 1 tablet = 50 mg	Junior strength 1 tablet = 100 mg
under 11 lbs (5 kg)	under 6 mos	NOT ADVISED			
12–17 lbs (5.5–7.7 kg)	6–11 mos	1.25 mL			
18–23 lbs (8.2–10.5 kg)	12–23 mos	1.875 mL			
24–35 lbs (10.9–15.9 kg)	2–3 yrs		5 mL (1 teaspoon)	2 tablets	
36–47 lbs (16.4–21.4 kg)	4–5 yrs		7.5 mL (1½ teaspoons)	3 tablets	
48–59 lbs (21.8–26.8 kg)	6–8 yrs		10 mL (2 teaspoons)	4 tablets	2 tablets
60–71 lbs (27.3–32.3 kg)	9–10 yrs		12.5 mL (2½ teaspoons)	5 tablets	2½ tablets
72–95 lbs (32.7–43.2 kg)	11 yrs		15 mL (3 teaspoons)	6 tablets	3 tablets